

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101585692

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6		1		1		
7						
8		4		1		
9		4		1		
10		4		1		
11		4		1		
12		4		1		
13		4		1		
14		4		1		
15		4		1		
16		4		1		
17		1		1		
18	1		1			
19		1		1		
20		1		1		
21	1		1			
22		1		1		
23		1		1		
24		1		1		
25		4		1		
26		4		1		
27		4		1		
28		4		1		
29		4		1		
30		4		1		
31		4		1		
32		4		1		
33		4		1		
34		4		1		
35	1		1			
36		1		1		
37		1		1		
38	1		1			
39		1		1		
40		6		1		
41		6		1		
42		6		1		
43		6		1		
44		6		1		
45		6		1		
46		6		1		
47		6		1		
48		6		1		
49		6		1		
50		6		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		8		1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						